

FAMILY PLANNING

Local Code	Local Descriptor	HCPSC / CPT Code	CPT Descriptor
01800	Complete physical exam	99381-99387*	New Patient - Initial comprehensive preventive medicine
		99391-99397*	Established Patient – Periodic comprehensive preventive medicine
		99201-99205 *	New Patient – Office ... E/M service for a problem pertinent encounter (see CPT descript. and criteria requirements)
		99211-99215*	Established Patient - Office ... E/M service for a problem pertinent encounter (see CPT ...)
01801	Modified exam (partial exam for problem requiring extra time/equipment)	99201-99205* 99211-99215*	SEE above (Utilize the appropriate level E/M service for a problem pertinent encounter)
01802	Pelvic exam (IUD check, diaphragm check, Preg. confirmation, VD/STD check)	99201-99205* 99211-99215*	SEE above (Utilize the appropriate level E/M service for a problem pertinent encounter)
01803	Breast exam (not done with regular exam)	T1002	RN services, up to 15 minutes
01804	Mini exam (weight, BP, mini-counseling)	T1002	RN services, up to 15 minutes
01805	IUD Insertion	58300	Insertion of intrauterine device (IUD) (this does not include the actual IU device)
01806	IUD Insertion	58300	Insertion of intrauterine device (IUD) (this does not include the actual IU device)
01807	Diaphragm Fitting (excludes supplies)	57170	Diaphragm or cervical cap fitting with instructions (this does not include the diaphragm)
01810	HCT/HGB	85014	Hematocrit (Hct)
01810	HCT/HGB	85018	Hemoglobin (Hgb)
01811	Urinalysis – by dip stick w/o microscopy	81002	Urinalysis, by dip stick ...; non-automated, w/o microscopy
01812	PAP Smear	88164(-90)	Pap smear (Cytopathology, slides, cervical or vaginal; manual ...)
01813	GC Gram stain	87205(-90)	Gram ... stain for bacteria, ... (Smear, primary source with interp.; ...)
01814	RPR/VDRL	86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)
01817	Wet mount	87210	Smear primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
01819	Lab handling fee	99000	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory
01820	Micro urinalysis	81000	Urinalysis, by dip stick ...; non-automated, w/ microscopy
01821	CBC	85025	Complete CBC w/auto differential WBC count
01824	1/4 hour counseling		N/A
01826	Herpes studies	87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, ..., herpes viruses)
01829	Gonozyme		N/A
01830	¼ hour of counseling	T1002	RN services, up to 15 minutes
01831	Initial history and education	T1002	RN services, up to 15 minutes
01832	Chlamydiazyme	87491(-90)	Chlamydia trachomatis, amplified probe technique
		87591(-90)	Gonorrhoeae, amplified probe technique
		81025	Urine pregnancy test, by visual color comparison methods

*The Evaluation and Management (E/M) services/codes are to be utilized and submitted for services rendered by a **physician or nurse practitioner ONLY** using their respective Medicaid Provider Identification Number (PIN).

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Please review Preventive Medicine E/M documentation criteria requirements for New and Established Patients (these codes are age specific and should be used when the service rendered is for “annual, routine, periodic” examinations when no specific problem or a trivial problem/abnormality is being addressed during the encounter.

Please review Office and Other Outpatient E/M documentation criteria requirements for the New and Established Patient levels of service (found in CPT 2003).

New Patient - Documentation of **three of three key components** (history, examination and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of E/M service.

Established Patient – Documentation of **two of three key components** (history, examination and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of E/M service.

Modifier -90 must be appended to the lab (CPT) code when laboratory procedures are performed by a party other than the treating or reporting physician/facility.